Pilot Program Participants Quarterly Data Report For WC Docket No. 02-60 The North Dakota Health Care Research and Education Network

1. Project Contact and Coordination Information:

Lead Applicant:

University of North Dakota Center for Rural Health School of Medicine and Health Sciences 501 N Columbia Rd. Stop 9037 Grand Forks North Dakota 58202-9037

Principal Investigator: -

NDHCREN Project Coordinator

Lynette Dickson, MS, LRD Project Director, Center for Rural Health University of North Dakota School of Medicine and Health Sciences 501 N Columbia Rd. Stop 9037 Grand Forks North Dakota 58202-9037

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Co - Principal Investigator/Program Coordinator:

NDHCREN Associate Project Coordinator

Don Larson

Coordinator, Computer Services University of North Dakota School of Medicine and Health Sciences 501 N Columbia Rd. Stop 9037 Grand Forks North Dakota 58202-9037

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2. Health Care Facilities Included in the Network:

West River (Regional) Medical Center

1000 Highway 12 Hettinger, ND 58639 701-567-4561 RUCA Code (10)

Mercy Hospital

1301 15th Ave W Williston, ND 58801 701-774-7400 RUCA Code(4) Code (4)

St. Josephs Hospital

30 West Seventh Street Dickinson, ND 58601 701-456-4000 RUCA

Jamestown Hospital

419 5th Street NE Jamestown, ND 58401 701-252-1050 RUCA Code (4)

Mercy Hospital

1031 Seventh Street NE Devils Lake, ND 58301-2798 701-662-2131 RUCA Code (7)

3. Network Narrative:

The Project has not completed the bidding process or selection of vendors.

4. List of Connected Health Care Providers:

No sites are connect to the network or operational at this time.

5. Non-recurring Costs:

No non-recurring costs have been incurred to date.

(5. Non-recurring Costs Continued)

Costs Budgeted in the application to FCC were:

Construction Costs:

Site	Construction Cost		85% of Cost		15% of Cost
Bismarck UNDSMHS					\$
Campus	\$	-	\$	_	=
•					\$
Devils Lake Mercy Hospital	\$	_	\$	_	-
Dickinson St. Joseph's					\$
Hospital	\$	_	\$	_	-
110~p1001	*		Ψ.		\$
Fargo UNDSMHS Campus	\$	58,000	\$	49,300	8,700
Fargo Neuropsychiatric	,	,	•	, , , , ,	\$
Research Institute	\$	40,000	\$	34,000	6,000
Grand Forks Altru Hospital	N/A	•	N/A	•	N/A
Grand Forks UNDSMHS	1 1// 1		1 1//	•	14// (
Campus	N/A		N/A	^	N/A
<u> </u>	IN/A		IN/F	`	
Hettinger West River	æ		Φ		\$
Medical Center	\$	=	\$	-	- •
T 4 IT 14 1	Φ.	0.40	Φ	544	\$
Jamestown Hospital	\$	640	\$	544	96
M: INDOMICO	ው		Φ		\$
Minot UNDSMHS Campus	\$	-	\$	-	-
Park River to UNDSMHS	•		•		\$
MCU	\$	-	\$	-	-
77711	_		_		\$
Williston Mercy Hospital	\$	-	\$	-	-
m . 10	•	00.046	•	00.047	\$
Total Construction Cost	\$	98,640	\$	83,844	14,796

6. Description of Cost Apportioning and Sources of Funds:

No funds have been allocated to-date, however:

Source of Funds:

The UNDSMHS has a long history of supporting data and communication connections to its four primary campuses in Bismarck, Fargo, Grand Forks and Minot, and to the five – ROME site hospitals. The North Dakota appropriated funds that have been expended to maintain those

communication resources will be diverted to support 15% of this proposed project.

This diversion will allow the funds the medical school has been using for existing connections to be leveraged with the FCC funding to construct and maintain HCREN as a world-class high-speed communications network for health care research and education without creating additional costs for the medical school. After the first year of initial network construction, it appears that their may actually be an opportunity to even expand HCREN in subsequent years without increasing the cost to the UNDSMHS.

7. Technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network:

For-profit network participants are not anticipated due to the lack of such health care providers in North Dakota. However, should the issue arise; for-profit participants will need to pay all of their network construction and connection expenses.

8. Update on the Project Management Plan and Detailing:

a- The project's current leadership and management structure:

The management of this pilot project will be a joint agreement between the UNDSMHS, Center for Rural Health and Computer Services. The Coordinator of Computer Services (Co-Principal Investigator/HCREN Program Coordinator) will have the responsibility of all technical aspects of the project and assistance will be solicited from the UND Information Technology Services and North Dakota's ITD when necessary.

The Principal Investigator from the Center for Rural Health will be responsible for fiscal administration; videoconference/meeting coordination; communication and information dissemination.

Member participants will be asked to provide potential research and/or educational projects for implementation on the HCREN, and a determination on which projects will be implemented will be made by the PI and the HCREN Program Coordinator, after consultation about suitability and legality with the appropriate UND, state and possibly national or international entities.

b- Detailed Project Plan and Schedule:

NDHCREN has its first Letter of Agency from the University of North Dakota School of Medicine and Health Sciences approved by the FCC.

NDHCREN is now seeking a variance of FCC Commission's rules for the Rural Health Care Pilot Program participants as listed in sections 54.603 and 54.615 due to the potential that following the guidelines in those sections would put the NDHCREN lead applicant, the University of North Dakota School of Medicine and Health Science's Center for Rural Health in violation of North Dakota state law as defined in the North Dakota Century Code 54-59-08.

North Dakota Century Code statute 54-59-08 requires all state institutions such as the school of medicine and its departments to use the North Dakota STAGEnet http://www.stagenet.nd.gov/ and its services as administered by the North Dakota Information Technology Department (ITD) http://www.nd.gov/itd/ for all wide area communications applications.

Further progress on the network construction will be determined by the outcome of FCC's ruling on that request for variance.

9. Details on networks potential to be self sustaining.

NDHCREN is not in a position to make determinations about the networks ability to become self sustaining at this time due to lack of data about construction and on-going costs.

10. Details on how the supported network had advanced telemedicine benefits.

NDHCREN is not far along enough in its implementation to discern any benefits at this time.

11. Details on how the supported network has complied with HHS health IT initiatives.

Not applicable at this stage of NDHCREN implementation.

12. Explanation of coordinated use of NDHCREN with the Department of Health and Human Services.

Not applicable at this stage of NDHCREN implementation.